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PACOM Tackles HIV Prevention In Foreign Military Forces

By Sandra Basu

WASHINGTON—The U.S. Pacific Command (PACOM) based in Hawaii is waging a war against a disease that has global impact. Through its HIV/AIDS Prevention Program, PACOM is tasked with helping prevent HIV infections in foreign military forces throughout Asia.

Cdr. Scott Giberson, USPHS, the senior program medical officer for PACOM's Center of Excellence in Disaster Management and Humanitarian Assistance (COE), which is responsible for managing and implementing the HIV program, said that providing assistance to militaries to help them prevent HIV in their populations is critical in the overall efforts to prevent HIV/AIDS.

"Most of the time, the militaries are involved with deploying for long periods of time away from home, which can lead to emotional stress. There are always coping mechanisms and temptation, which can lead to high-risk behaviors. The majority of the militaries in the Asia Pacific consist of that age group, which is young, healthy adults, that corresponds to the age range that is the greatest risk for contracting HIV/AIDS worldwide," he said.

PACOM's HIV initiative is part of a larger global U.S. effort in HIV prevention. For militaries, the threat of HIV/AIDS is particularly dangerous because national security and stability in some countries are dependent on having a functional military.

According to Cdr. Giberson, the

program receives about 40 to 50 per cent of its funding for its activities through the President's Emergency Program for AIDS Relief (PEPFAR), and another 40 per cent of its funding from the U.S. Department of Defense HIV/AIDS Prevention Program (DHAPP). With that funding, the program is currently assisting five countries in military HIV prevention-related activities and in addition to that is involved in a multi-lateral initiative in Bangkok.

Cdr. Giberson explained that the COE conducts its work with a small medical unit of five personnel that is made of both medical and nonmedical professionals. The COE also works with other groups in helping conduct prevention activities. These groups include the Armed Forces Research Institute of Medical Science (AFRIMS) located in Bangkok, Thailand, the University of Hawaii Clinical AIDS Research Program, the Royal Thai Army and UNAIDS. Additionally, assistance comes from Family Health International, a nonprofit based in Durham, N.C., with offices all over the world, the U.S. Embassy Defense Attache and the Office of Defense Cooperation, which is located in most embassies. The on-the-ground program work is conducted by the militaries, themselves.

"We have many implementing partners, many collaborators. Since it is a program with a wide geographical reach, we definitely have to utilize all of the resources we can," Cdr. Giberson said.

Armed Forces At Risk

According to UNAIDS, the joint United Nations Program on HIV/AIDS, over 25 million people serve in armed forces around the world. These personnel, according to UNAIDS, often have an ethos of risk-taking that places them at a higher risk for contracting HIV.

"Often soldiers and peacekeepers are posted away from their families and communities for long periods of time, removing them from the social discipline

that would normally prevail in their home communities. During conflict, both consensual and non-consensual sexual encounters tend to increase, and adherence to prevention measures declines," UNAIDS reports.

While UNAIDS reports that data on sexually transmitted infections among uniformed services personnel is scant, it estimates that HIV could be at least twice as high in some military populations as in the general population.

"In some countries where HIV has been present for more than 10 years, armed forces report infection rates of 50 to 60 per cent," according to UNAIDS. "Even in peaceful Botswana, one in three members of the military has tested HIV-positive. HIV prevalence in the Cambodian military was 5.9 per cent in 1995; this figure had increased to 7 per cent by 1997. High HIV-prevalence levels are creating substantial losses in command-level continuity, reducing



Cdr. Scott Giberson, USPHS

military preparedness, causing high recruitment and training costs and ultimately debilitating some national uniformed services."

Cdr. Giberson said that the military population in many countries "represents a very influential group," that influences politics, economics and social stability, but that they are often an under-addressed population when it comes to HIV prevention. Though they may represent an age group that is at a high risk for transmitting HIV, he said that the

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discipline and structure of a military can help facilitate successful prevention programs geared to servicemembers.

"There are a lot of inherent characteristics in the military that contribute to program success. Some of those characteristics, such as discipline, organizational readiness, the ability to take action, these characteristics are positive characteristics that the military has that can improve program success," he said.

Preventing HIV In Militaries

One of the ways in which the program helps promote prevention activities among military personnel is through training workshops at the Regional Training Center that was established in Bangkok in 2003. About three trainings a year are provided to military medical officers and they are taught on topics that include HIV/AIDS policy, prevention, counseling, treatment and care. Through DHAPP funds, PACOM supports the training, travel and lodging for all participants. The training that is provided at the center is a joint effort between the Royal Thai Army, PACOM and AFRIMS.

"We have trained about 150 medical officers from 22 different countries. For each training, the countries will send one or two military medical senior advocates or leaders, or mostly physicians, so that each training we have accommodates 15 to 20 countries in the room at the same time. COE may send a medical unit member to Bangkok to help AFRIMS and the Royal Thai Army give the lectures and training, [and] we also use our other collaborators as faculty. The participants usually have some responsibility in HIV/AIDS prevention efforts or patient care," he said.

Cdr. Giberson said that the impact of the trainings go beyond simply those medical officers who attend, because the conference participants can then return home and train other military personnel.

"It was established to train a core group of military medical officers, which would eventually lead to an extended cadre of qualified HIV professionals in the Asia Pacific," he said. "The creation of the cadre of professionals that are trained in HIV/AIDS-related topics across the region

is one of our big success stories. Our training format is train the trainer, so if we directly train 400 officers, that will extend to thousands in their country, when they go back and train [others there]."

In addition to the regional training, the program provides training and assistance directly to countries. Lt. Col. Tom Crabtree, MC, USA, senior medical advisor for PACOM's COE and a plastic surgeon at Tripler Army Medical Center, in Hawaii, said that in providing assistance



**Dr. Tom Crabtree,
COE medical advisor**

they collaborate with their partners and they leave it to that country's military to implement the final HIV program.

"The driving force in terms of partners and how we implement, and who we implement with and through, has been to not reinvent the wheel. In all of the countries we have worked with there have been people who already have the technical expertise to build laboratory programs, or are already in the country doing laboratory work," he said. "There are already people in the country, NGOs doing the prevention education message. We simply identify those, the ones that are working best and are willing to work with us and we work with them."

One example of a country COE is assisting is Vietnam. Dr. Crabtree said that COE, and its partners, have provided assistance in putting together counseling and HIV/AIDS policy workshops for

Vietnam's military, lab and technical training for military physicians, and helped build some of the country's medical infrastructure and capabilities.

"Specifically, in Vietnam we identified with them where they wanted their principal HIV laboratory resources to be. They identified that hospital and those sites where they wanted their national military centers to be and we worked with them to put in the necessary machines," he said. "Lab equipment ranges from something as simple as a HIV testing kit, to something as robust and costly as a CD4 count machine to something even more precious, which is the technical expertise and training to manage and run those machines and tests."

Challenges

Cdr. Giberson said that building a prevention and treatment program for HIV/AIDS takes a great deal of human resources and financial resources over the years. Through COE's funding mechanisms, militaries receive resources through DHAPP or PEPFAR funding. Cdr. Giberson said that while more countries receive money from COE through DHAPP, PEPFAR money is usually in larger amounts. Currently, India, Vietnam and Indonesia receive PEPFAR funding.

While DHAPP funding is generally for prevention, PEPFAR funding pays for HIV antiretroviral drugs.

"With PEPFAR funding, which is a U.S. government program—not simply a DoD program, they do allot money to purchase antiretrovirals," he said.

Cdr. Giberson said that in terms of measuring the success of what they do with the money, they look at the rate of disease incidence in the militaries they assist, among other factors.

"It's hard to measure advocacy or awareness. Our focus, ultimately is on the rate of the disease incidence and prevalence, so measuring that is a more objective measure to find out if this is working or not," Cdr. Giberson said. "However, we do measure the number of people trained, attendance at workshops, establishment of infrastructure, such as volunteering, counseling and testing centers, or how many troops were tested."

Carrying out the program's objectives

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is not without its challenges, Cdr. Giberson said. The geographical distance between the program's base in Hawaii and the countries that receive assistance can pose issues.

"There are absolutely challenges with such a robust program. Some of the challenges include the geographic distance that we have to deal with. With the personnel we have we are spread out across the region, it is sometimes a little more challenging to implement a program on the ground in the country," he said.

Cdr. Giberson sees the program's work as vital in that in some countries with relatively lower prevalence rates, it presents an opportunity to catch HIV before it spreads and becomes a more serious or critical issue. Still, he concedes

that HIV work is challenging because of the sheer magnitude of the HIV/AIDS problem on a global scale.

"Because the work we do is a little bit harder to measure with a disease like HIV/AIDS, which is a longstanding problem, it's not something like an influenza epidemic that might come and go fairly quickly and have a massive impact. This has a massive impact across decades," he said.

Cdr. Giberson and Dr. Crabtree said that the program has learned much from the Royal Thai Army, which has served as an official partner since 2003. The Royal Thai Army has a great deal of experience in implementing HIV programs.

"The Thai military were the ones that raised the red flag back in the early '90s. The Thai military was the first to begin

doing this sort of testing, these sorts of behavioral education, all those things that resulted in the Thais, both in the military and in their country, really getting a hold of the [HIV] problem. [And] dropping their disease rates and justifying their position as the world leaders, in many ways, in terms of how a country can handle an HIV problem," Dr. Crabtree said.

Dr. Crabtree said that the lessons learned from the Thais can be applied to any country's efforts to fight HIV. "First, it takes leadership. The Thais were fortunate to have some very senior people leading the charge against HIV, both in the military and in the civilian government. Secondly, widespread testing or Force-wide testing, and the third [lesson] would be the value of prevention education and other behavioral intervention," he said.